

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213516965			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: COMMUNICATION DISORDERS FOUNDATION OF VIRGINIA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICIA T DEWEY 1897 HOPE MEADOW WAY POWHATAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: POWHATAN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: 02870178</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1897 HOPE MEADOW WAY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: POWHATAN, VA 23139</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAT T DEWEY TITLE: PRESIDENT ADDRESS: 1897 HOPE MEADOW WAY CITY/ST/ZIP/CO: POWHATAN, VA 23139 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAT T DEWEY TITLE: PRESIDENT ADDRESS: 1897 HOPE MEADOW WAY CITY/ST/ZIP/CO: POWHATAN, VA 23139	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA MEYER DIRECTOR 235 WAYNERIDGE RD. WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH RASSI DIRECTOR 1490 ASHLAND DR. CHARLOTTESVILLE, VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA SEAL DIRECTOR 104 E. COLLEGE ST. BRIDGEWATER, VA 22812	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANET W STACK DIRECTOR 385 CLAYMONT DR EARLYSVILLE, VA 22936	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAT T DEWEY		PAT T DEWEY, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			